



MISSOURI

MEMORANDUM

TO: Faculty, staff, and retirees of the University of Missouri System enrolled in a Health Savings Account with Optum Bank
FROM: Benefits Program, UM System Office of Human Resources
RE: Closing your Optum Bank Health Savings Account

The attached form is for individuals who are currently enrolled in a Health Savings Account with Optum Bank. Completion of this form will cancel your UM enrollment in the Health Savings Account and close your account with Optum Bank. No further university contributions will be made to your account.

Please note that you should return your completed form to the Office of Human Resources rather than to Optum Bank, as the form suggests, so that we may cancel your UM health savings account election and stop any contributions that you may have elected to make. Your form will then be forwarded to Optum Bank to complete the closure process.

As the account owner, you will be responsible for any maintenance, service or designated fees associated with closing the account, and will be responsible for any tax liabilities associated with distributions from the account.

Please return your completed form to:

Office of Human Resources
University of Missouri System
1000 W Nifong Blvd
Building 7, Suite 210
Columbia, MO 65211-8220

Email: HRServiceCenter@umsystem.edu
FAX: (573) 882-9603

If you have questions, please contact the HR Service Center at 573-882-2146 or hrrservicecenter@umsystem.edu.



University of Missouri System, Office of Human Resources

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1000 W. Nifong Blvd. • Building 7, Suite 210 • Columbia, MO 65211

573-882-2146 • umurl.us/TR



HSA Account Closure Request Form

Use this form to request the closure of your Optum Bank HSA. Investment funds (if applicable) must be liquidated prior to account closure. If you have not completed this process prior to our receipt of this form, you hereby authorize and direct us to liquidate investment funds on your behalf.

PART 1: Optum Bank Contact Information

By Mail:
Optum Bank
P.O. Box 271629
Salt Lake City, UT 84127

By Fax:
1-866-314-9795

Questions?
Please refer to the phone number on the back of your HSA Debit Card.
Customer Service Professionals are available from 8 a.m. to 8 p.m. Eastern time to assist you.

PART 2: Optum Bank Account Information – Required

Account Holder Name:	
Optum Bank Account #:	Group Id Number:

PART 3: Account Holder Authorization

Please close my Optum Bank account, and mail the remaining balance to me. Funds will be mailed to address listed on the account.

X _____
Signature of Account Holder

Date